

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

HAWAII REPUBLICAN PARTY

ADDRESS (number and street) ▼

725 KAPIOLANI BLVD

STE 105

☐ Check if different than previously reported. (ACC)

HONOLULU

HI

96813

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00085506

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MARY G SMART

Signature of Treasurer

MARY G SMART

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HAWAII REPUBLICAN PARTY

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 07 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y  
 07 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		50981.53
(b) Cash on Hand at Beginning of Reporting Period.....	50405.21	
(c) Total Receipts (from Line 19) .....	12939.92	162396.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	63345.13	213378.05
7. Total Disbursements (from Line 31) .....	14870.55	164903.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	48474.58	48474.58
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**HAWAII REPUBLICAN PARTY**

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y
07	/	01	/	2016

To:

M M M	/	D D D	/	Y Y Y Y Y
07	/	31	/	2016

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

5785.00

80525.90

(ii) Unitemized .....

1779.05

29214.43

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

7564.05

109740.33

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

20000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

7564.05

129740.33

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

5250.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.81

46.81

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

5375.06

27359.38

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

5375.06

27359.38

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

12939.92

162396.52

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

7564.86

135037.14

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	2953.88	23126.52
(ii) Non-Federal Share.....	5251.35	41113.79
(b) Other Federal Operating Expenditures .....	875.49	59683.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	9080.72	123923.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	1000.00	1000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1000.00	1000.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	4789.83	39979.58
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	4789.83	39979.58
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14870.55	164903.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9619.20	123789.68

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7564.05	129740.33
34. Total Contribution Refunds (from Line 28(d)) .....	1000.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6564.05	128740.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	3829.37	82810.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	3829.37	82810.10

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 23

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**HAWAII REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. MR. BRADFORD BURTON**

Mailing Address 2243 OKOA STREET

City

HONOLULU

State

HI

Zip Code

96821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HPMG

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

Transaction ID : SA11AI.5774

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MS. CINDY SUE CLARK**

Mailing Address 4340 E WAIOLA LOOP

City

KIHEI

State

HI

Zip Code

96753

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DA CLARK MANAGEMENT

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2016

Transaction ID : SA11AI.5779

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LEI FAGAN**

Mailing Address 33 KEALAMAULOA PLACE

City

HAIKU

State

HI

Zip Code

96708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HI DEPT. OF EDUCATION

Occupation

TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2016

Transaction ID : SA11AI.5747

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 7 OF 23  
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

**A. IONE GUMPFER**

Mailing Address 1554 KUPAU STREET

 City State Zip Code  
 KAILUA HI 96734

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 07 20 2016

Transaction ID : SA11AI.5701

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR. ROBERT W. HASTINGS II**

Mailing Address P.O. BOX 628

 City State Zip Code  
 KAMUELA HI 96743

FEC ID number of contributing federal political committee.

C

Name of Employer

HASTINGS &amp; LAUN, LLC

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 07 26 2016

Transaction ID : SA11AI.5744

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MS. JANICE M HELLREICH**

Mailing Address 225 KUUHOA PL

 City State Zip Code  
 KAILUA HI 96734

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

SPEECH THERAPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 07 20 2016

Transaction ID : SA11AI.5702

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

365.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 23  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**HAWAII REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. MR. ROBERT HICKLING**

Mailing Address 3814 ILUNA PLACE

City	State	Zip Code
PRINCEVILLE	HI	96722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2016

Transaction ID : SA11AI.5783

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR. CLIFTON A. JENKINS**

Mailing Address 87-1022 KONINI ST.

City	State	Zip Code
WAIANAE	HI	96892

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2016

Transaction ID : SA11AI.5719

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MS. RITA KAMA-KIMURA**

Mailing Address 95-1519 AINAMAKUA DR. #50

City	State	Zip Code
MILILANI	HI	96789

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNEMPLOYED

Occupation

UNEMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2016

Transaction ID : SA11AI.5749

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

275.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HAWAII REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MR. DENNIS C.H. KIM

Mailing Address 94-309 MAIAOHE PL.

City State Zip Code  
 MILILANI HI 96789

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 30 2016

Transaction ID : SA11AI.5782

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LARIE MANUTAI

Mailing Address 546 LAUIKI ST #4

City State Zip Code  
 HONOLULU HI 96826

FEC ID number of contributing federal political committee.

C

Name of Employer

STATE OF HAWAII

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 10 2016

Transaction ID : SA11AI.5787

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JOHNNY M MCELREE

Mailing Address 69-1000 KOLEA KAI CIRCLE  
UNIT 7E

City State Zip Code  
 WAIKOLOA HI 96738

FEC ID number of contributing federal political committee.

C

Name of Employer

CENTURY 21 ALL ISLANDS

Occupation

REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 20 2016

Transaction ID : SA11AI.5703

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

560.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 23

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**HAWAII REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. MR. ANDRES MUKK**

Mailing Address 95-1031 KAHAKIKI ST

City  
MILILANI

State Zip Code  
HI 96789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOOZ ALLEN HAMILTON

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2016

Transaction ID : SA11AI.5705

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. THERESA OTANI**

Mailing Address 1321 HART STREET

City  
HONOLULU

State Zip Code  
HI 96817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
D. OTANI PRODUCE CO

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2016

Transaction ID : SA11AI.5715

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MS. FREDERICK ROHLFING III**

Mailing Address 2305 COOPER ROAD

City  
HONOLULU

State Zip Code  
HI 96822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FREDERICK W. ROHLFING, LLC

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 29 / 2016

Transaction ID : SA11AI.5748

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 23

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**HAWAII REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. MARY G SMART**

Mailing Address 94-210 KAKAILI PLACE

City  
MILILANI

State Zip Code  
HI 96789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COLDWELL BANKER

Occupation  
REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1324.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2016

**Transaction ID : SA11AI.5698**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAROL A THOMAS**

Mailing Address 1189 AKAMAI ST

City  
KAILUA

State Zip Code  
HI 96734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2016

**Transaction ID : SA11AI.5735**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAROL A THOMAS**

Mailing Address 1189 AKAMAI ST

City  
KAILUA

State Zip Code  
HI 96734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2016

**Transaction ID : SA11AI.5709**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1030.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 23

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**HAWAII REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. MR. MARK TORREANO SR.**

Mailing Address 343 HOBROTON LANE  
L101

City State Zip Code  
HONOLULU HI 96815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 24 / 2016

Transaction ID : SA11AI.5757

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. KAY L WILLIAMSON**

Mailing Address 492 KEKUPUA STREET

City State Zip Code  
HONOLULU HI 96825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2016

Transaction ID : SA11AI.5743

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

330.00

5785.00



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

### A. BANK OF HAWAII

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

## B. BANK OF HAWAII

Category/  
Type

33.53

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

### C. HAWAII MEDICAL SERVICE ASSOCIATION

Category/  
Type

347.91

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

406.44

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

HAWAII REPUBLICAN PARTY

## A. INTEGRATED BUSINESS SOLUTIONS OF HAWAII

Category/  
Type

292.81

 Memo Item

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**B.**

Category/  
Type

Memo Item

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

**C.**

Category/  
Type

 Memo Item

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

292.81

819.49

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

HAWAII REPUBLICAN PARTY

#### A. LANDMARK LOGISTICS CORPORATION

 Memo Item

**B.**

 Memo Item

**C.**

 Memo Item

1000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**HAWAII REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. DEPARTMENT OF TAXATION**

Mailing Address PO BOX 3827

City	State	Zip Code
HONOLULU	HI	96812

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

**Transaction ID : SB30B.5679**

Amount of Each Disbursement this Period

132.79
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DEPARTMENT OF TAXATION**

Mailing Address PO BOX 3827

City	State	Zip Code
HONOLULU	HI	96812

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2016

**Transaction ID : SB30B.5680**

Amount of Each Disbursement this Period

132.79
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. INTERNAL REVENUE SERVICE**

Mailing Address PO BOX 7704

City	State	Zip Code
SAN FRANCISCO	CA	94120

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2016

**Transaction ID : SB30B.5684**

Amount of Each Disbursement this Period

589.66
--------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

855.24

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**HAWAII REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. INTERNAL REVENUE SERVICE**

Mailing Address PO BOX 7704

City	State	Zip Code
SAN FRANCISCO	CA	94120

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2016

**Transaction ID : SB30B.5685**

Amount of Each Disbursement this Period

589.68
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARCIA TAGAVILLA**

Mailing Address 5119 LIKINI STREET

City	State	Zip Code
HONOLULU	HI	96818

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2016

**Transaction ID : SB30B.5687**

Amount of Each Disbursement this Period

1672.46
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MARCIA TAGAVILLA**

Mailing Address 5119 LIKINI STREET

City	State	Zip Code
HONOLULU	HI	96818

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2016

**Transaction ID : SB30B.5688**

Amount of Each Disbursement this Period

1672.45
---------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3934.59
---------

4789.83
---------

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 19 OF 23

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)  
HAWAII REPUBLICAN PARTY

NAME OF ACCOUNT  
HAWAII REPUBLICAN PARTY

DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2016

TOTAL AMOUNT TRANSFERRED

5375.06

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

5375.06

Transaction ID : H3.5789

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC) .....

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

5375.06

TOTAL This Period (Generic Voter Drive) .....

0.00

TOTAL This Period (Exempt Activities) .....

0.00

TOTAL This Period (Direct Fundraising) .....

0.00

TOTAL This Period (Direct Candidate Support) .....

0.00

TOTAL This Period (Public Communications Referring Only to Party) .....

0.00

TOTAL This Period (Total Amount Transferred).....

5375.06

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 20 OF 23

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**HAWAII REPUBLICAN PARTY**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.5677</b> <input type="checkbox"/> Memo Item <b>CENTRAL PACIFIC BANK</b> Mailing Address PO BOX 135010 City HONOLULU State HI Zip Code 96801 Purpose of Disbursement: MORTGAGE Activity or Event Identifier: Administrative Category/Type			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 57576.08 Date 07 / 01 / 2016	
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
531.36		944.64		1476.00

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.5686</b> <input type="checkbox"/> Memo Item <b>LCA BANK CORPORATION</b> Mailing Address PO BOX 1650 City TROY State MI Zip Code 48099 Purpose of Disbursement: EQUIPMENT RENTAL Activity or Event Identifier: Administrative Category/Type			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 58310.19 Date 07 / 07 / 2016	
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
264.28		469.83		734.11

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.5689</b> <input type="checkbox"/> Memo Item <b>MARCIA TAGAVILLA</b> Mailing Address 5119 LIKINI STREET City HONOLULU State HI Zip Code 96818 Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRY Activity or Event Identifier: Administrative Category/Type			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 58460.19 Date 07 / 07 / 2016	
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
54.00		96.00		150.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
849.64		1510.47		2360.11

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 21 OF 23

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**HAWAII REPUBLICAN PARTY**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.5690</b> <b>MAILCHIMP</b> Mailing Address 675 PONCE DE LEON AVE NE STE 5000 City ATLANTA State GA Zip Code 30308 Purpose of Disbursement: TAGAVILLA REIMBURSEMENT: ONLINE SUBSCRIPTIONS Activity or Event Identifier: <b>Administrative</b>			<input checked="" type="checkbox"/> Memo Item Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 58460.19 Date 07 / 07 / 2016
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 54.00 + 96.00 = 150.00			

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.5682</b> <b>HAWAIIAN TELECOM</b> Mailing Address PO BOX 30770 City HONOLULU State HI Zip Code 96820 Purpose of Disbursement: BROADBAND SERVICES Activity or Event Identifier: Administrative			<input type="checkbox"/> Memo Item Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 58713.45 Date 07 / 11 / 2016
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 91.17 + 162.09 = 253.26			

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.5691</b> <b>MARCIA TAGAVILLA</b> Mailing Address 5119 LIKINI STREET City HONOLULU State HI Zip Code 96818 Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRY Activity or Event Identifier: Administrative			<input type="checkbox"/> Memo Item Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 58758.03 Date 07 / 12 / 2016
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 16.05 + 28.53 = 44.58			

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
107.22		190.62		297.84

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 22 OF 23

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**HAWAII REPUBLICAN PARTY**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.5692</b> <b>IOTUM GLOBAL HOLDINGS LLC</b> Mailing Address 431 N BRAND ST STE 200 City GLENDALE State CA Zip Code 91203 Purpose of Disbursement: TAGAVILLA REIMBURSEMENT: ONLINE SUBSCRIPTIONS Activity or Event Identifier: <b>Administrative</b>			<input checked="" type="checkbox"/> Memo Item	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 58758.03 Date 07 / 12 / 2016
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 16.05 + 28.53 = 44.58				

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.5693</b> <b>OCEANIC TIME WARNER CABLE</b> Mailing Address PO BOX 30050 City HONOLULU State HI Zip Code 86920 Purpose of Disbursement: BROADBAND SERVICES Activity or Event Identifier: Administrative			<input type="checkbox"/> Memo Item	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 58909.85 Date 07 / 12 / 2016
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 54.66 + 97.16 = 151.82				

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : H4.5695</b> <b>SPRINT</b> Mailing Address PO BOX 219100 City KANSAS CITY State MO Zip Code 64121 Purpose of Disbursement: MOBILE PHONE EXPENSE Activity or Event Identifier: Administrative			<input type="checkbox"/> Memo Item	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 58928.82 Date 07 / 12 / 2016
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 6.83 + 12.14 = 18.97				

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
61.49		109.30		170.79

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 23 OF 23
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**HAWAII REPUBLICAN PARTY**

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : H4.5678</b> <input type="checkbox"/> Memo Item <b>CITY &amp; COUNTY OF HONOLULU, DIVISION OF TREASURY</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC				
Mailing Address <b>REAL PROPERTY TAX COLLECTION DIVISION OF TREASURY</b>			Allocated Activity or Event Year-To-Date <div>62781.50</div>				
City <b>HONOLULU</b>	State <b>HI</b>	Zip Code <b>96812</b>	Date <div>MM / DD / YYYY</div> <div>07 / 28 / 2016</div>				
Purpose of Disbursement: <b>PROPERTY TAXES</b>		<div>Category/ Type</div>	Allocated Activity or Event Year-To-Date <div>62781.50</div>				
Activity or Event Identifier: <b>Administrative</b>			Date <div>MM / DD / YYYY</div> <div>07 / 28 / 2016</div>				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
<div>1386.96</div>			<div>2465.72</div>			<div>3852.68</div>	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : H4.5694</b> <input type="checkbox"/> Memo Item <b>RED CURVE SOLUTIONS</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC				
Mailing Address <b>138 CONANT ST 2ND FLOOR</b>			Allocated Activity or Event Year-To-Date <div>64305.31</div>				
City <b>BEVERLY</b>	State <b>MA</b>	Zip Code <b>01915</b>	Date <div>MM / DD / YYYY</div> <div>07 / 29 / 2016</div>				
Purpose of Disbursement: <b>COMPLIANCE CONSULTING</b>		<div>Category/ Type</div>	Allocated Activity or Event Year-To-Date <div>64305.31</div>				
Activity or Event Identifier: <b>Administrative</b>			Date <div>MM / DD / YYYY</div> <div>07 / 29 / 2016</div>				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
<div>548.57</div>			<div>975.24</div>			<div>1523.81</div>	

<b>C. Full Name (Last, First, Middle Initial)</b> <input type="checkbox"/> Memo Item			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC				
Mailing Address			Allocated Activity or Event Year-To-Date <div></div>				
City	State	Zip Code	Date <div>MM / DD / YYYY</div> <div></div>				
Purpose of Disbursement:		<div>Category/ Type</div>	Allocated Activity or Event Year-To-Date <div></div>				
Activity or Event Identifier:			Date <div>MM / DD / YYYY</div> <div></div>				
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
<div></div>			<div></div>			<div></div>	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1935.53		3440.96		5376.49

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
2953.88	5251.35	8205.23